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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/250,675 02/16/1999 ABN  
 which is a CON of 08/372,620 01/13/1995 PAT 5,873,072  
 which is a CON of 07/736,071 07/25/1991 PAT 5,383,113

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 06/09/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 7	TOTAL CLAIMS 24 18	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**  
 29052

**TITLE**  
 BILL PAYMENT SYSTEM AND METHOD UTILIZING BANK ROUTING NUMBERS

<b>FILING FEE RECEIVED</b> 1314	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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